U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|  | Application Number            |   | To Be Assigned                          |  |  |  |  |  |
|--|-------------------------------|---|---|--|--|--|--|--|
|  | Filing Date                   |   | Filed Herewith                          |  |  |  |  |  |
| POWER OF ATTORNEY  | First Named Inventor          |   | DEEPAK DALVIE                           |  |  |  |  |  |
| and  | Title                         |   | CETP INHIBITORS AND METABOLITES THEREOF |  |  |  |  |  |
| CORRESPONDENCE ADDRESS   | Art Unit                      |   | To Be Assigned                          |  |  |  |  |  |
| INDICATION FORM  | INDICATION FORM Examiner Name |   | To Be Assigned                          |  |  |  |  |  |
|  | Attorney Docket Number        |   | PC25872A                                |  |  |  |  |  |
| I hereby appoint:  |                               |   |   |  |  |  |  |  |
| Practitioners at Customer Number 28523   |                               |   |   |  |  |  |  |  |
| OR   |                               |   |   |  |  |  |  |  |
| Practitioners named below:   |                               |   |   |  |  |  |  |  |
| Name   |                               |   |   |  |  |  |  |  |
|  |                               |   |   |  |  |  |  |  |
|  |                               | <del>-</del>                                      |   |  |  |  |  |  |
|  |                               |   |   |  |  |  |  |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all   |                               |   |   |  |  |  |  |  |
| business in the United States Patent and Trademark Office connected therewith.   |                               |   |   |  |  |  |  |  |
| Please recognize or change the correspondence address for the above-identified application to:   |                               |   |   |  |  |  |  |  |
| The above-mentioned Customer Number.   |                               |   |   |  |  |  |  |  |
| OR   |                               |   |   |  |  |  |  |  |
| The address associated with Customer Number  |                               |   |   |  |  |  |  |  |
| OR   |                               |   |   |  |  |  |  |  |
|  |                               |   |   |  |  |  |  |  |
| Firm or Individual Name  |                               |   |   |  |  |  |  |  |
|  |                               |   |   |  |  |  |  |  |
| Address  |                               | <del></del>                                       |   |  |  |  |  |  |
| Address  | 1 01 1                        | <del>                                      </del> | <b>-</b> :_                             |  |  |  |  |  |
| City   | State                         | <u> </u>  | Zip                                     |  |  |  |  |  |
| Country  | I Fox                         | T   |   |  |  |  |  |  |
| Telephone  | Fax                           | <u> </u>  |   |  |  |  |  |  |
| I am the:  |                               |   |   |  |  |  |  |  |
| Applicant/Inventor.  |                               |   |   |  |  |  |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                   |                               |   |   |  |  |  |  |  |
| SIGNATURE of Applicant or Assignee of Record   |                               |   |   |  |  |  |  |  |
| Name DEEPAK DALVIE   |                               |   |   |  |  |  |  |  |
| Signature Dubal Dahre  | nature Debal Dame             |   |   |  |  |  |  |  |
| Date May 12'06   |                               |   |   |  |  |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple |                               |   |   |  |  |  |  |  |
| forms if more than one signature is required, see below*.  | ne entire interes             | tor their represe                                 | ntauve(s) are required. Submit multiple |  |  |  |  |  |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

To Be Assigned

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**Application Number** 

| POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM   |                          | Filin    | Filing Date            |   | Filed Herewith                          |  |  |  |
|--|--------------------------|----------|------------------------|---|---|--|--|--|
|  |                          | First    | First Named Inventor   |   | DEEPAK DALVIE                           |  |  |  |
|  |                          | Title    | Title                  |   | CETP INHIBITORS AND METABOLITES THEREOF |  |  |  |
|  |                          | Art l    | Init                   |   | To Be Assigned                          |  |  |  |
|  |                          | Exar     | Examiner Name          |   | To Be Assigned                          |  |  |  |
|  |                          | Atto     | Attorney Docket Number |   | PC25872A                                |  |  |  |
| I hereby appoint:  |                          |          |                        |   |   |  |  |  |
|  | mer Number               | 28       | 3523                   | 7 |   |  |  |  |
| Practitioners at Custor  OR  |                          |          |                        | J |   |  |  |  |
| Practitioners named below:   |                          |          |                        |   |   |  |  |  |
| L Tacutoners named o   | Name Registration Number |          |                        |   |   |  |  |  |
|  | 1441116                  |          |                        |   |   |  |  |  |
|  |                          |          |                        |   |   |  |  |  |
| ÷  |                          |          |                        |   |   |  |  |  |
| •  |                          |          |                        |   |   |  |  |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.                    |                          |          |                        |   |   |  |  |  |
| Please recognize or change the correspondence address for the above-identified application to:   |                          |          |                        |   |   |  |  |  |
| The above-mentioned Customer Number.   |                          |          |                        |   |   |  |  |  |
| The above-mentioned Customer Number.  OR   |                          |          |                        |   |   |  |  |  |
|  |                          |          |                        |   |   |  |  |  |
| The address associated with Customer Number  |                          |          |                        |   |   |  |  |  |
| OR   |                          | <u> </u> |                        |   |   |  |  |  |
| Firm or Individual Name  |                          |          |                        |   |   |  |  |  |
| Address  |                          |          |                        |   |   |  |  |  |
| Address  |                          |          |                        |   |   |  |  |  |
| City   |                          |          | State                  |   | Zip                                     |  |  |  |
| Country  |                          |          |                        |   |   |  |  |  |
| Telephone  | \·                       |          | Fax                    |   |   |  |  |  |
| I am the:  |                          |          | ·                      |   |   |  |  |  |
| Applicant/Inventor.  |                          |          |                        |   |   |  |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                          |          |                        |   |   |  |  |  |
| SIGNATURE of Applicant or Assignee of Record   |                          |          |                        |   |   |  |  |  |
| Name   | ROGER RUGGERI            |          |                        |   |   |  |  |  |
| Signature  | May M                    |          |                        |   |   |  |  |  |
| Date   | Mrs 10, 14006            |          |                        |   |   |  |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                          |          |                        |   |   |  |  |  |
| *Total of forms are submitted.   |                          |          |                        |   |   |  |  |  |
|  |                          |          |                        |   |   |  |  |  |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.